

AMERICAN VOYAGER ASSOCIATION MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP IS FOR ONE FULL YEAR and INCLUDES UP TO TWO MEMBERS. ALL BRANDS WELCOME!
PLEASE TYPE OR PRINT ALL INFORMATION. PLEASE USE FORM FOR CORRECTIONS ALSO.

<input type="checkbox"/> MEMBERSHIP (USA ,CANADAN & ALL OTHER FOREIGN) \$25 one-year Includes digital copy of Voyager's Voice (US Currency) ___ New ___ Renew ___ Corrections			
If renewing, do you want a "year" pin: ___ Yes ___ No		If renewing, do you want a "year" pin: ___ Yes ___ No	
RIDER FIRST and LAST NAME:		CO-RIDER FIRST and LAST NAME:	
Address:		Address:	
City:		City:	
State/Province:		State/Province:	
Zip/Postal Code:		Zip/Postal Code:	
Country:		Country:	
Email Address:		Email Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
M/C Year:		M/C Year:	
M/C Make:		M/C Make:	
M/C Model:		M/C Model:	
Are you a Veteran? ___ Yes ___ No (Please send copy of DD214 or other verification) If you are an AMA member, enter # _____ Have you attended a MSF safety class? ___ Yes ___ No		Is Co-Rider a Veteran? ___ Yes ___ No (Please send copy of DD214 or other verification) If Co-Rider is an AMA member, enter # _____ Has Co-Rider attended a MSF safety class? ___ Yes ___ No	

**Mail completed form along with check or money order payable in
U.S. funds in the amount specified above to:**

American Voyager Association
Chris & Deb Tritch, Membership Director
701 Winebary Circle, Lewisberry, Pa 17339